

SUMMARY

Geographic Spread

Influenza activity **decreased** this week. South Carolina reported **local activity**.

Virologic Surveillance

This week, a total of 117 influenza cases (110 positive rapid antigen detection tests; 7 lab confirmed tests) were reported from 24 counties representing all four regions. The predominant circulating flu type was Influenza B. Since October 2, 2016, there have been 88,904 influenza cases (87,077 positive rapid antigen detection tests; 1,827 lab confirmed tests) reported.

Influenza-Like Illness Surveillance

This week, 2.64% of patient visits to sentinel providers were seen for an influenza-like illness (ILI). This is below South Carolina's baseline (3.13%). The ILI activity level was **minimal**.

Influenza-Associated Hospitalizations

A total of 10 hospitalizations were reported by 31 hospitals. Since October 2, 2016, there have been 2,967 influenza-associated hospitalizations reported.

Influenza-Associated Deaths

No lab confirmed deaths were reported this week; however, one death which occurred during MMWR Week 10 was reported. Since October 2, 2016, there have been 78 influenza-associated deaths reported.

Contents

2 Virologic Surveillance

5 Influenza-Like Illness Surveillance

8 Hospitalizations and Deaths

10 National Influenza Surveillance

11 Influenza Surveillance Definitions

Virologic Surveillance

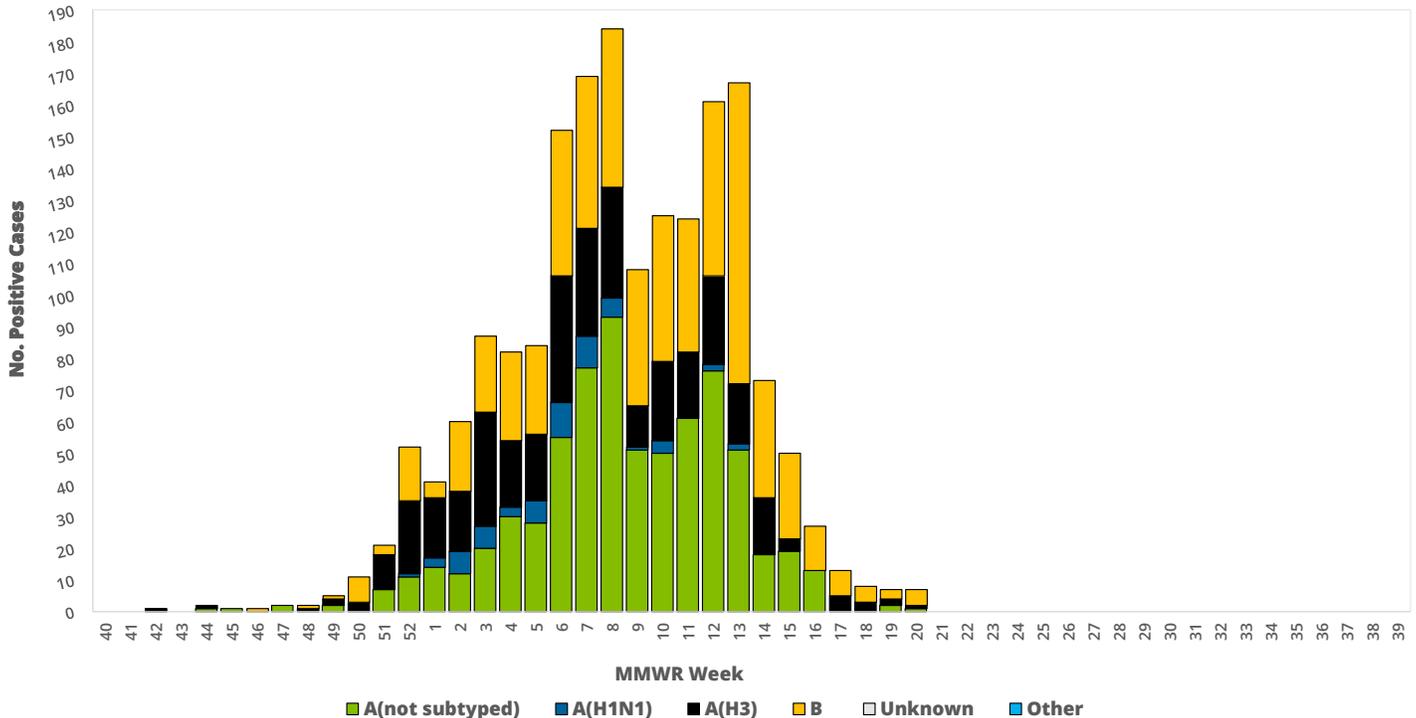
Lab Confirmed Influenza

Cases include positive testing via respiratory culture, RT-PCR, DFA, and IFA. Reporting is required to DHEC within 3 days via the South Carolina Infectious Disease and Outbreak Network (SCION) or DHEC 1129 card. This week, **7** lab confirmed cases were reported. This compares to **17** lab confirmed cases this same week last season. The predominant circulating influenza type was **Influenza B**.

Table: Lab Confirmed Influenza Cases

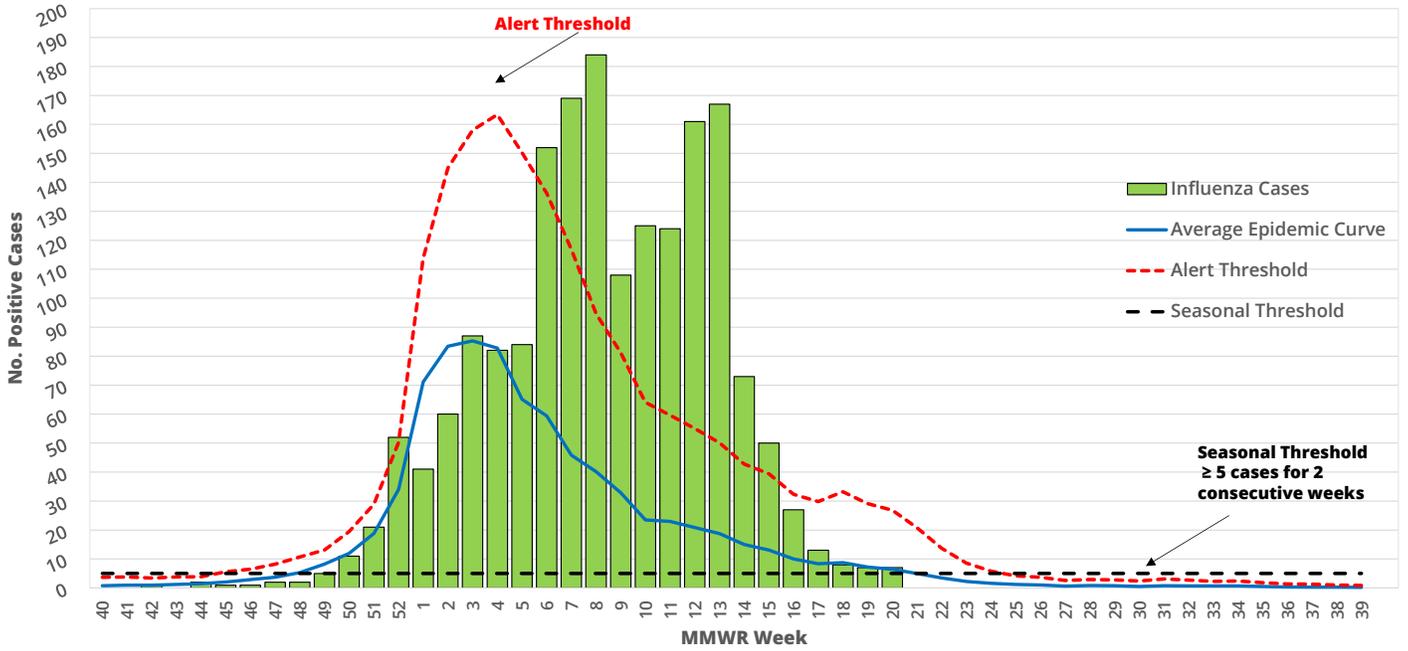
Virus Type/ Subtype	No. Positive		No. Positive	
	This week	Previous week	Cumulative YTD 2016-17	Cumulative YTD 2015-16
A not subtyped	1 (14.3%)	2 (28.6%)	695 (38.1%)	166 (16.1%)
A(H1N1)	0	0	64 (3.5%)	587 (57.1%)
A(H3)	1 (14.3%)	2 (28.6%)	406 (22.2%)	35 (3.4%)
B	5 (71.4%)	3 (42.8%)	662 (36.2%)	240 (23.3%)
Other	0	0	0	1 (0.1%)
Unknown	0	0	0	0
Total	7	7	1827	1029

Laboratory Confirmed Influenza Subtype by MMWR Week

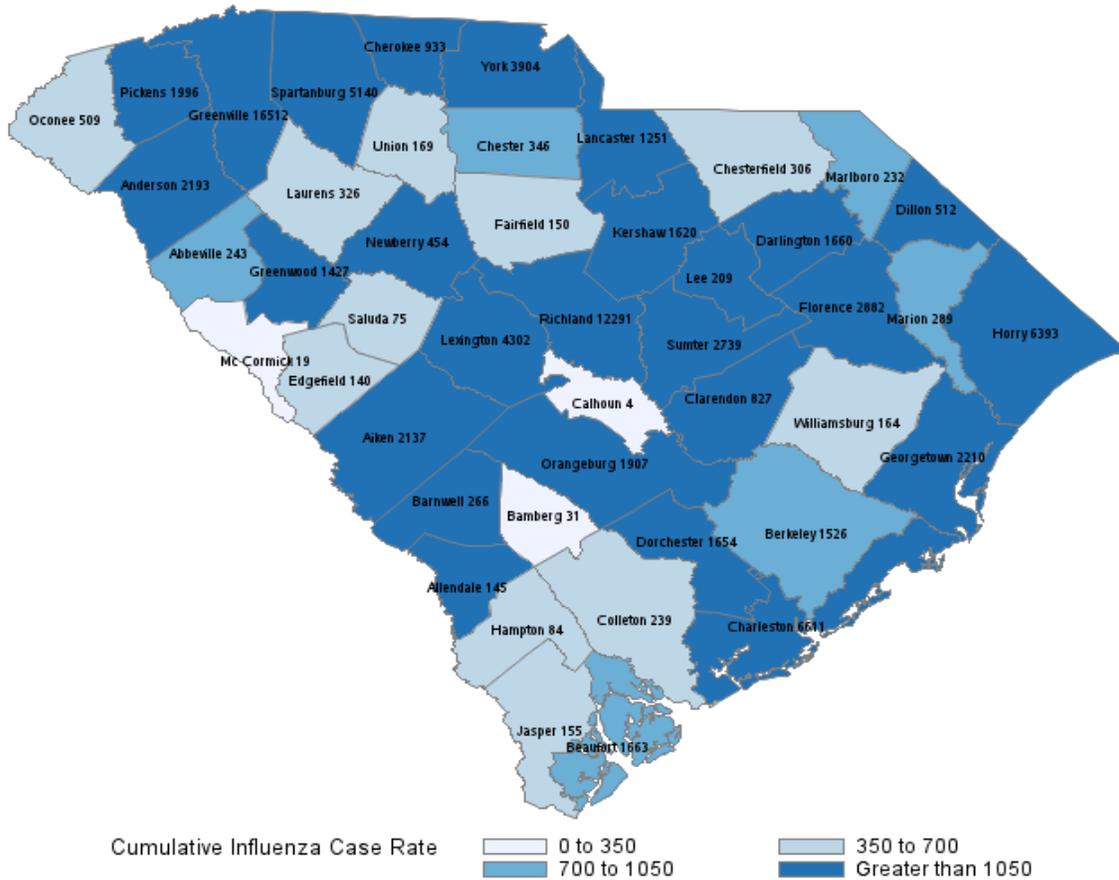


Virologic Surveillance

Laboratory Confirmed Influenza Cases Average and Thresholds



Cumulative Influenza Case Rate/100,000 By County



Includes all lab confirmed and positive rapid cases

Virologic Surveillance

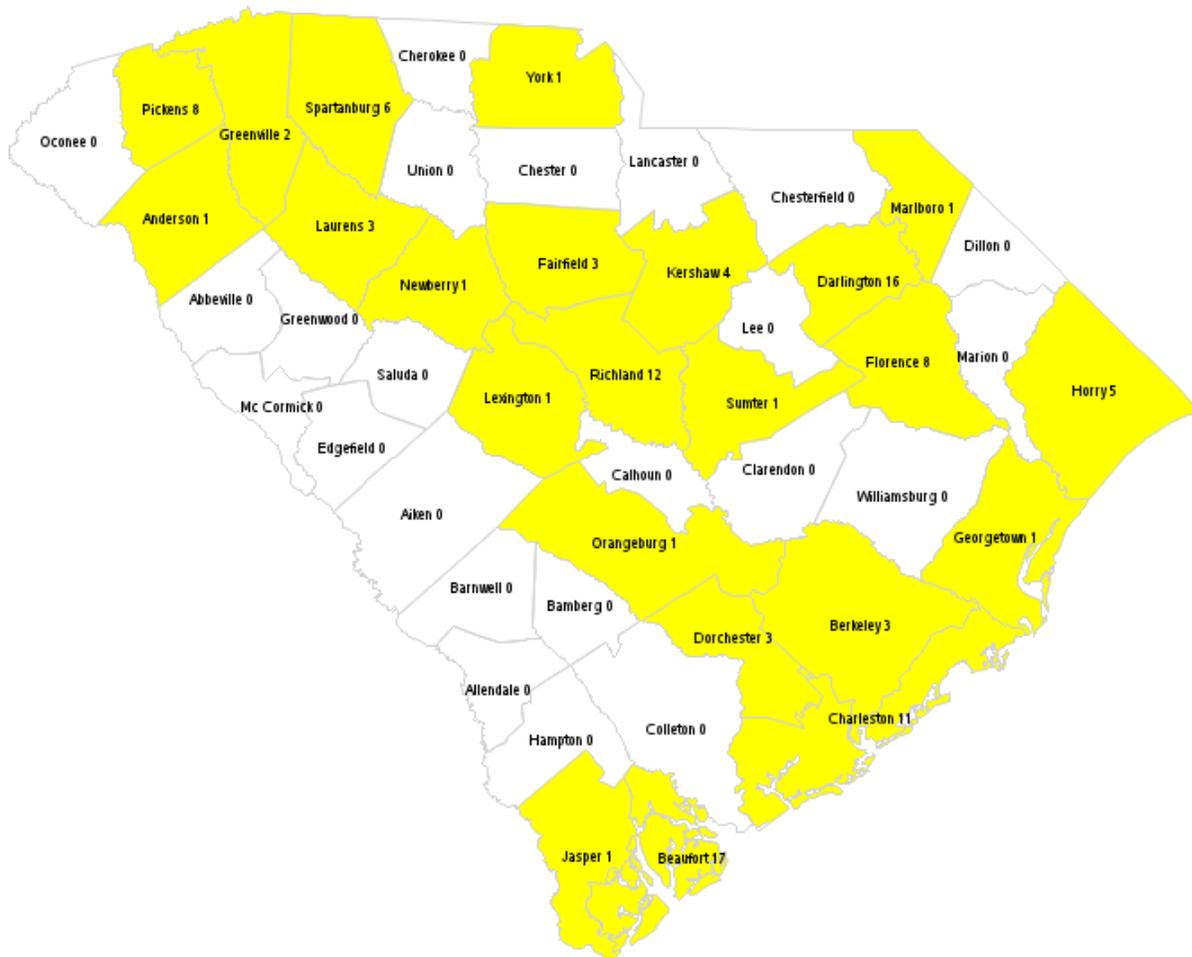
Positive Rapid Antigen Detection Tests

Providers are required to report weekly aggregate no. of positive results and influenza type to their respective regional health department. This week, **110** positive rapid tests were reported. This compares to **239** positive rapid tests reported this same week last season. The predominant influenza type was **Influenza B**.

Table: Positive Rapid Antigen Detection Tests

Virus Type	No. Positive		No. Positive	
	This week	Previous week	Cumulative YTD 2016-17	Cumulative YTD 2015-16
Influenza A	52 (47.2%)	70 (40.5%)	53062 (61.0%)	21295 (66.6%)
Influenza A/B	2 (1.8%)	2 (1.1%)	636 (0.7%)	481 (1.5%)
Influenza B	56 (51.0%)	101 (58.4%)	33137 (38.0%)	10073 (31.5%)
Unknown	0	0	242 (0.3%)	141 (0.4%)
Total	110	173	87077	31990

Positive Rapid Influenza Tests Weekly Total By County



Highlighted areas indicate counts greater than or equal to 1

Influenza-Like Illness Surveillance

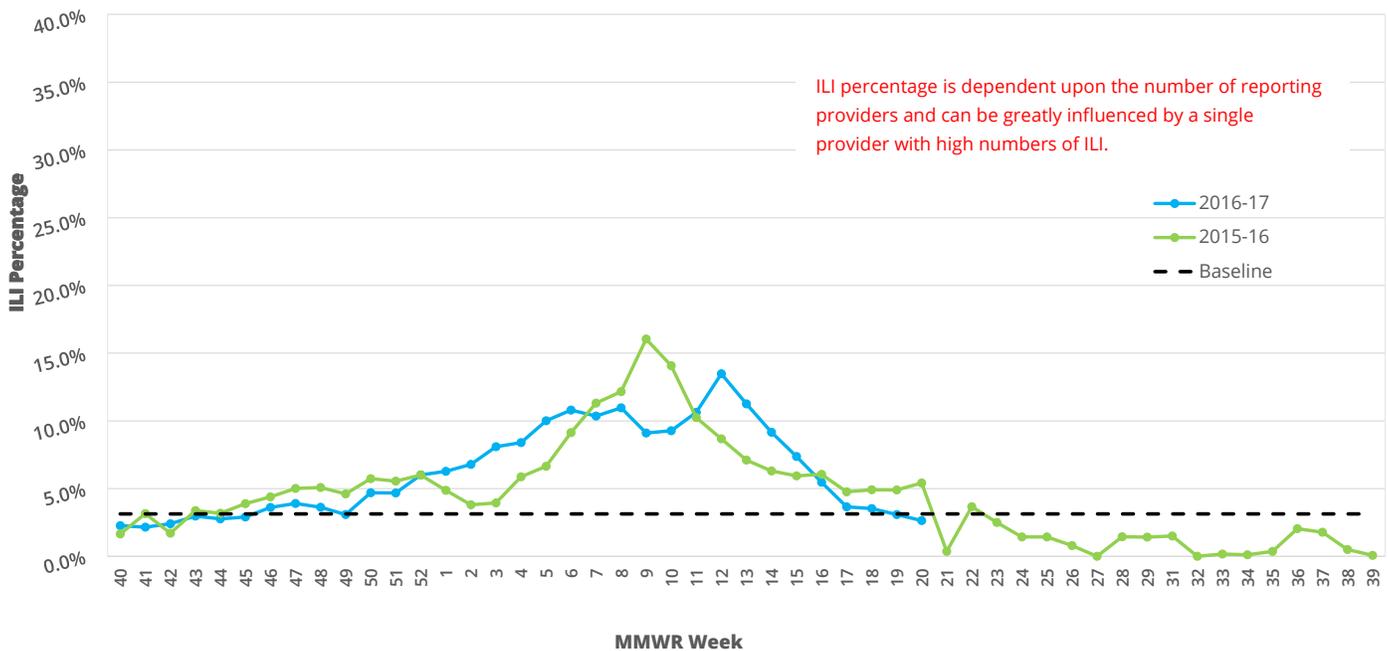
Influenza-Like Illness Surveillance Providers enrolled in the Center for Disease Control Influenza-Like Illness Network (ILINet) surveillance system report weekly aggregate no. of patient visits, and of those visits the number of patients seen for an influenza-like illness by age group (i.e. 0-4, 5-24, 25-49, 50-64, ≥ 65). This week, the ILI activity level was **minimal** and **2.64%** of patient visits to SC ILINet providers was attributed to an influenza-like illness. This is **below** the state baseline, **3.13%**. The ILI percentage for the current week last season was **5.41%**. Reports were received from providers in 11 counties, representing all 4 regions.

ILI Activity Level 2016-17 Calendar

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
40	44	48	1	5	9	13	18	22	26	31	35
41	45	49	2	6	10	14	19	23	27	32	36
42	46	50	3	7	11	15	20	24	28	33	37
43	47	51	4	8	12	16	21	25	29	34	38
		52				17			30		39

ILI ACTIVITY LEVELS: **MINIMAL** **LOW** **MODERATE** **HIGH**

Percentage of Influenza-like Illness (ILI) Visits Reported by Sentinel Providers for Past and Current Seasons



Influenza-Like Illness Surveillance

Influenza-Like Illness Reported by Sentinel Providers

County	ILI %	County	ILI %
Abbeville	---	Greenwood	NR
Aiken	0.00%	Hampton	---
Allendale	---	Horry	---
Anderson	NR	Jasper	---
Bamberg	---	Kershaw	---
Barnwell	---	Lancaster	---
Beaufort	4.26%	Laurens	NR
Berkeley	NR	Lee	---
Calhoun	---	Lexington	---
Charleston	5.10%	Marion	---
Cherokee	---	Marlboro	NR
Chester	---	McCormick	---
Chesterfield	---	Newberry	---
Clarendon	---	Oconee	NR
Colleton	---	Orangeburg	---
Darlington	1.38%	Pickens	0.00%
Dillon	---	Richland	NR
Dorchester	3.53%	Saluda	0.00%
Edgefield	---	Spartanburg	NR
Fairfield	---	Sumter	0.11%
Florence	0.14%	Union	---
Georgetown	NR	Williamsburg	---
Greenville	1.65%	York	0.00%

NR: No reports received
 ---: No enrolled providers

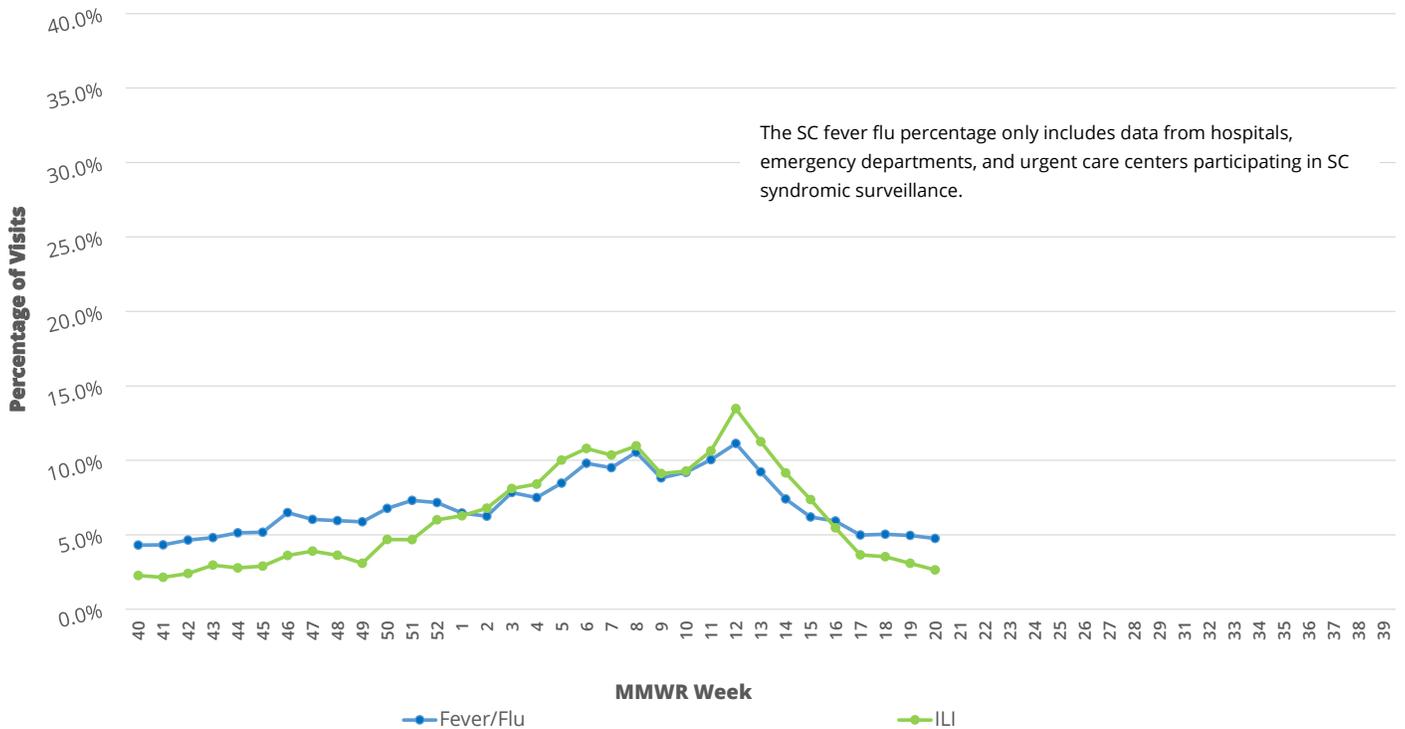
ILI percentage is dependent upon the number of reporting providers and can be greatly influenced by a single provider with high numbers of ILI.

Influenza-Like Illness Surveillance

South Carolina Disease Alerting, Reporting & Tracking System

(SC-DARTS) is a collaborative network of syndromic surveillance systems within South Carolina. Currently this network contains the following data sources: SC Hospital Emergency Department (ED) chief-complaint data and Poison Control Center call data. The hospital ED syndromic surveillance system classifies ED chief complaint data into appropriate syndrome categories (i.e. Respiratory, GI, Fever, etc.). This week, the statewide percentage of ER visits with fever-flu syndrome was **4.75%**.

Percentage of Influenza-like Illness (ILI) and Fever/Flu Syndromic Visits



Influenza-Associated Hospitalizations and Deaths

Influenza-Associated Hospitalizations

are reported weekly in aggregate no. to their respective regional health departments.

This week **10** laboratory confirmed hospitalizations were reported by **31** hospitals. This compares to **13** lab confirmed hospitalizations this same week last season.

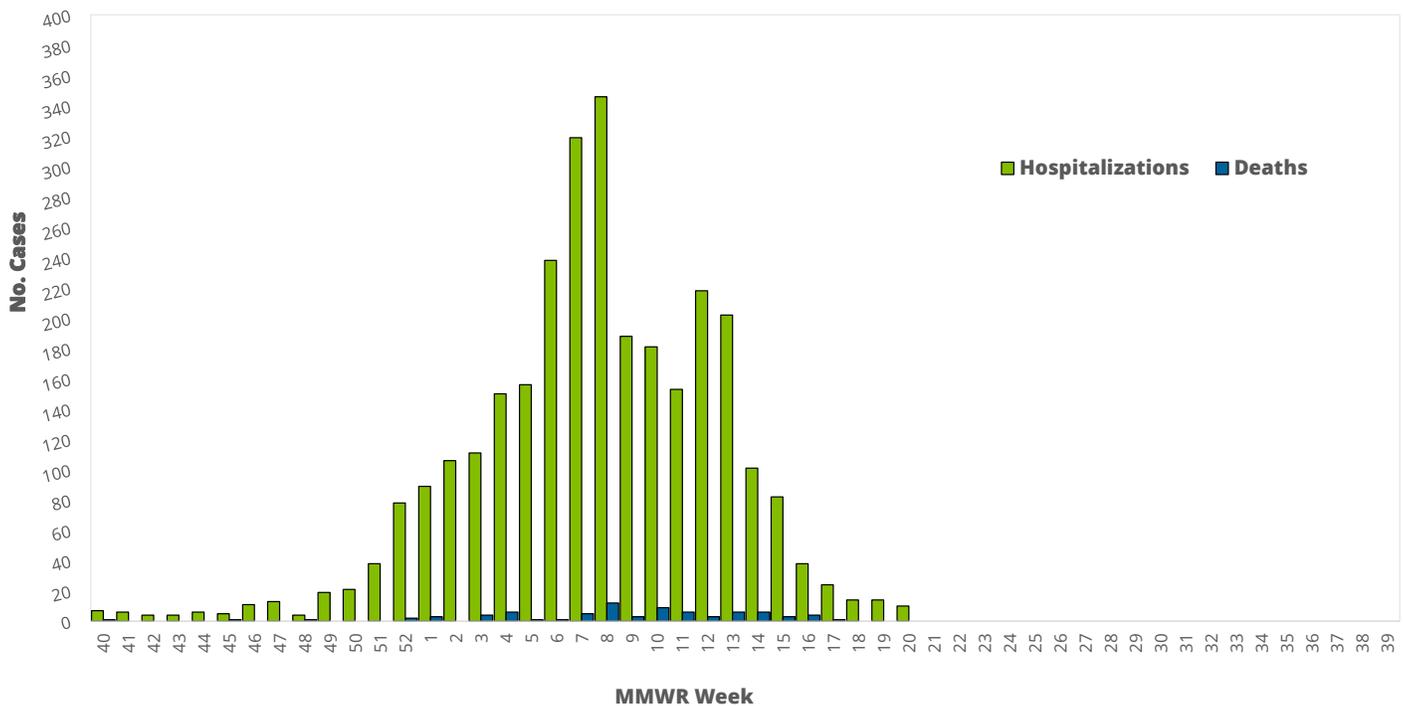
Table: Influenza Associated Hospitalizations

Age Group	No. Hospitalizations				
	This week	Previous week	Rate per 100,000*	Cumulative YTD 2016-17	Cumulative YTD 2015-16
0-4	3	0	77.1	233	187
5-17	1	0	34.6	269	128
18-49	2	3	24.0	480	440
50-64	0	4	65.8	599	465
65+	4	7	219.3	1386	603
Unknown	0	0	--	0	0
Total	10	14	64.2	2967	1826

*Population size based on 2010 Census Data

Laboratory confirmation for hospitalizations and deaths includes culture, PCR, DFA, IFA, rapid antigen detection testing, or autopsy (deaths only).

Influenza-Associated Hospitalizations and Deaths by MMWR Week



Influenza-Associated Hospitalizations and Deaths

Table: Influenza Associated Deaths

Age Group	No. Deaths				
	This week	Previous week	Rate per 100,000*	Cumulative YTD 2016-17	Cumulative YTD 2015-16
0-4	0	0	0.3	1	0
5-17	0	0	0.1	1	1
18-49	0	0	0.4	8	9
50-64	0	0	1.3	12	14
65+	0	0	8.7	56	18
Unknown	0	0	--	--	--
Total	0	0	1.7	78	42

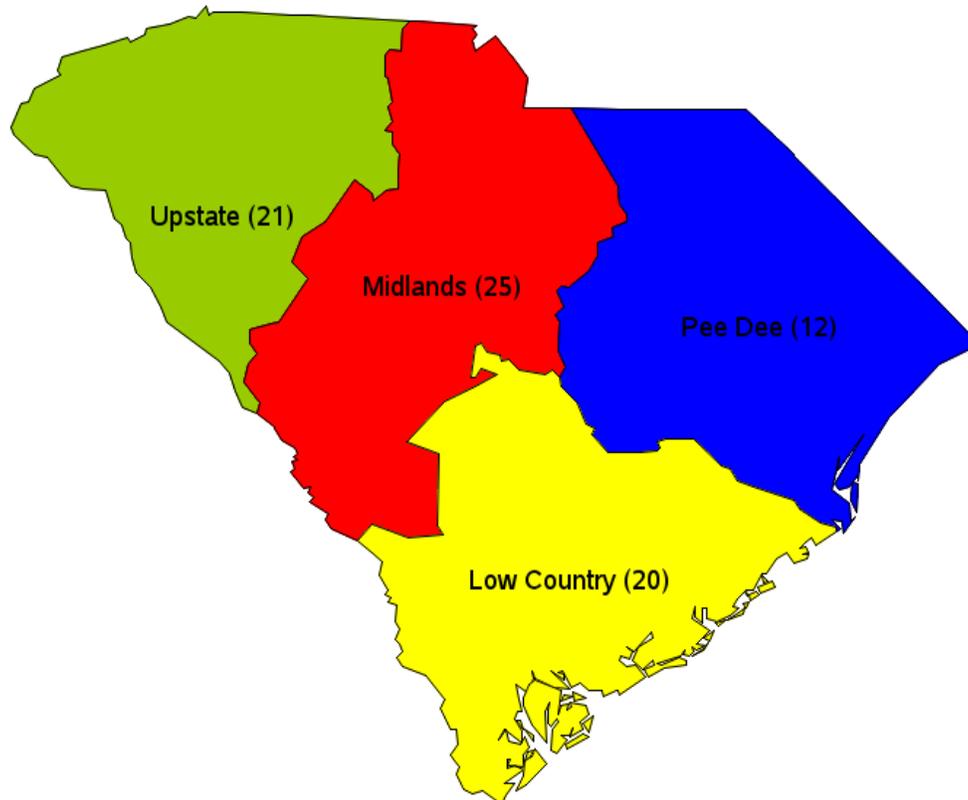
*Population size based on 2010 Census Data

Influenza-Associated Deaths

are urgently reportable to DHEC within 24 hours of initial notification.

0 laboratory confirmed deaths were reported this week. This compares to 0 laboratory confirmed death this same week last season.

Influenza-Associated Deaths by Region



National Influenza Surveillance

Synopsis:

During week 19 (May 7-13, 2017), influenza activity decreased in the United States.

Viral Surveillance: The most frequently identified influenza virus type reported by public health laboratories during week 19 was influenza B. The percentage of respiratory specimens testing positive for influenza in clinical laboratories decreased.

Pneumonia and Influenza Mortality: The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold in the National Center for Health Statistics (NCHS) Mortality Surveillance System.

Influenza-associated Pediatric Deaths: One influenza-associated pediatric death was reported.

Influenza-associated Hospitalizations: A cumulative rate for the season of 64.7 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported.

Outpatient Illness Surveillance: The proportion of outpatient visits for influenza-like illness (ILI) was 1.3%, which is below the national baseline of 2.2%. All ten regions reported ILI below their region-specific baseline levels. One state experienced low ILI activity; New York City, Puerto Rico, and 47 states experienced minimal ILI activity; and the District of Columbia and two states had insufficient data.

Geographic Spread of Influenza: The geographic spread of influenza in Guam and five states was reported as regional activity; Puerto Rico and eight states reported local activity; the District of Columbia and 36 states reported sporadic activity; and the U.S. Virgin Islands and one state reported no activity.

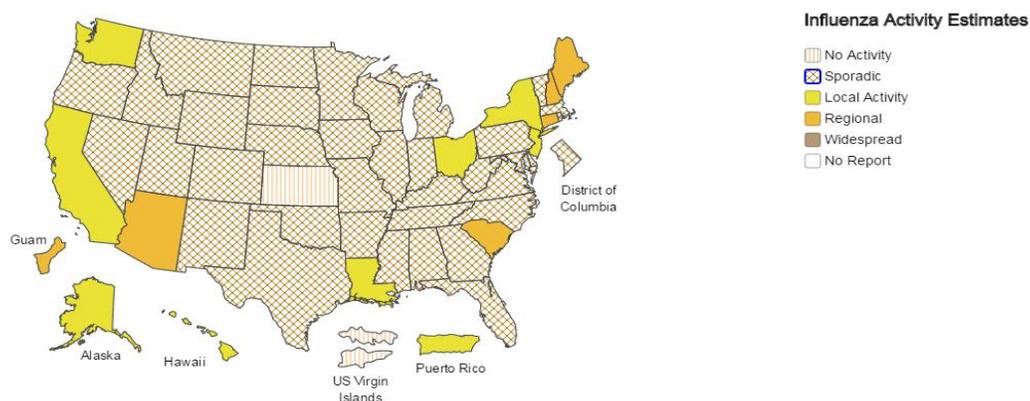
For additional information, go to: <http://www.cdc.gov/flu/weekly/>



A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*

Week Ending May 13, 2017 - Week 19



*This map indicates geographic spread and does not measure the severity of influenza activity.

Influenza Surveillance Definitions

Activity Level (Geographic Spread): Indicator of the geographic spread of influenza activity which is reported to CDC each week.

No activity: No increase in ILI activity and no laboratory-confirmed influenza cases.

Sporadic: No increase in ILI activity and isolated laboratory-confirmed influenza cases.

Local: Increased ILI or 2 or more institutional outbreaks in one region and laboratory-confirmed influenza cases within the past 3 weeks in the region with increased ILI or outbreaks.

Regional: Increased ILI or institutional outbreaks in 2-3 regions and laboratory-confirmed influenza cases within the past 3 weeks in the regions with increased ILI or outbreaks.

Widespread: Increased ILI and/or institutional outbreaks in at least 4 regions and laboratory confirmed influenza in the state within the past 3 weeks.

Activity Level (Influenza-like Illness):

Comparison of the current week mean reported percent of visits due to ILI to the non-influenza weeks mean reported percent of visits due to ILI. The activity level corresponds to the number of standard deviations below, at, or above the mean for the current week compared to the mean of the non-influenza weeks.

Minimal: less than 2 standard deviations above the mean.

Low: 2 to less than 4 standard deviations above the mean.

Moderate: 4 to less than 6 standard deviations above the mean.

High: greater than or equal to 6 standard deviations above the mean.

Average Epidemic Curve: Typical influenza activity (no. of lab confirmed influenza cases) for a season. Centered on the median week of the past 5 seasons, the 4 week moving average is calculated for each MMWR week.

Fever-Flu Syndrome: Includes chief complaints with any of the following ICD codes or terms: flu, fev, high temp, tem10, feel hot, night sweat, FEB, shiver, FUO, chill, 780.6, viral INF, pain all over, ILI, and body ache. Weekly fever flu count is the sum of all the records, statewide, that were categorized into the fever flu syndrome. The state denominator is a broader modification of the respiratory syndrome that includes records that have fever flu chief complaints and general respiratory illness complaints, which include: cough, coughing URI, pneumonia, croup, bronchitis, and cold. The fever flu percentage equals (weekly fever flu count/weekly state denominator)*100.

Alert Threshold: indicates influenza activity (no. of laboratory confirmed influenza cases) that is higher than the past 5 seasons. Threshold is defined as 1.645 standard deviations above the average epidemic curve for each MMWR week.

Influenza-like Illness (ILI): Fever $\geq 100^{\circ}\text{F}$ (37.8°C) AND cough AND/OR sore throat (without a known cause other than influenza). The SC baseline is the mean percentage of patient visits for ILI during non-influenza weeks (weeks when the percent of positive lab tests were less than 2% of the total season's positive lab tests for two consecutive weeks) for the previous three seasons plus two standard deviations.

Additional Resources

Center for Disease Control and Prevention
[Weekly U.S. Influenza Surveillance Report](#)

World Health Organization
[FluNet Report](#)

European Centre for Disease Prevention and Control
[Weekly Influenza Situation](#)

Government of Canada
[Weekly Influenza Report](#)

MMWR week: Term for influenza surveillance week. Each week begins on Sunday and ends on Monday. Nationally, the influenza season begins with MMWR week 40 and ends with MMWR week 39. The 2016-17 influenza season began on October 2, 2016 and will end on September 30, 2017.

Seasonal Threshold: indicates the start of the influenza season when the threshold is exceeded for two consecutive weeks. Threshold is defined as the median value of the average epidemic curve.